

Patient ID:                      DOB:  
Specimen ID:                    Age:  
  Sex:

## Patient Report

Ordering Physician:



### Ordered Items: Allergen Profile, Vegetable I; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting:
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### Allergen Profile, Vegetable I

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Class Description <sup>01</sup>	Levels of Specific IgE	Class	Description of Class	
	< 0.10	0	Negative	
	0.10 - 0.31	0/I	Equivocal/Low	
	0.32 - 0.55	I	Low	
	0.56 - 1.40	II	Moderate	
	1.41 - 3.90	III	High	
	3.91 - 19.00	IV	Very High	
	19.01 - 100.00	V	Very High	
	>100.00	VI	Very High	
F214-IgE Spinach <sup>01</sup>	<0.10		kU/L	Class 0
*F291-IgE Cauliflower <sup>01</sup>	<0.10		kU/L	Class 0
F085-IgE Celery <sup>01</sup>	<0.10		kU/L	Class 0
F215-IgE Lettuce <sup>01</sup>	<0.10		kU/L	Class 0
F260-IgE Broccoli <sup>01</sup>	<0.10		kU/L	Class 0
F216-IgE Cabbage <sup>01</sup>	<0.10		kU/L	Class 0
F244-IgE Cucumber <sup>01</sup>	<0.10		kU/L	Class 0

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Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
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Tests with asterisk (\*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

#### Icon Legend

▲ Out of Reference Range    ■ Critical or Alert

#### Performing Labs

01: BN - Labcorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD  
For Inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-282-7300

DOB:

## Patient Report



Patient ID:  
Specimen ID:

Age:  
Sex:

Ordering Physician:

### PatientDetails

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

### Physician Details

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**

Phone:  
Physician ID:  
NPI:

### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
**Local** Date Received:  
Date Entered:  
Date Reported:  
Rte: